STATE OF MARYLAND—CERTIFICATE OF DEATH

06777

1940

1. PLACE OF DEATH

County Talbot Registration Dist. No. 291

Village or City St. Michaels. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kate F. Adams If U. S. Veteran, specify WAR

(a) Residence: No. Des Moines St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Adams

6. DATE OF BIRTH (month, day, and year) July 8, 1858

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	81	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wisconsin (State or country)

FATHER

13. NAME Edwin Lewis

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) Maryland. (State or country)

17. INFORMANT Miss Florence J. Adams (Address) St. Michaels Md.

18. BURIAL, CREMATION, OR REMOVAL, Place Des Moines Iowa Date June 17 1940

19. UNDERTAKER Thurman H. Harrison (Address) St Michaels Md

20. FILED June 14, 1940 John H. Wales Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 13 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1940, to June 13, 1940.

I last saw h.. alive on June 13, 1940; death is said to have occurred on the date stated above, at 2.30 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 11 1940
Other Contributory Causes of Importance:	
Arteriosclerosis	Unknown

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) O. J. Watkins M. D.

(Address) Royal Oak Md.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 8 1930 U. S. BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Noble

06778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46F)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 month

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Queen Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kepler McGill Barnette

3. (b) Social Security Number 362-09-2872 (Ross.)

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband or~~ wife Elizabeth Wilkerson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 65 | Months | Days | If less than one day hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Pay collector

11. Industry or business

FATHER 12. Name Dudley P. Barnette

13. Birthplace Va.

MOTHER 14. Maiden name Louisa White

15. Birthplace Va.

16. Informant Kepler Barnette Jr.

Address Baltimore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-29-40 (month) (day) (year)

Cemetery or crematory Hillsboro Cemetery

Location Hillsboro Md.

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 6/28 1940 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 1:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death Cachexia

DURATION 4 weeks (?)

Due to Sarcoma of retroperitoneal glands & secondary involvement

Due to of cecum & appendix ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Retrocecal mass involving cecum, appendix & terminal ileum

Of autopsy Retroperitoneal Sarcoma

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. D. Noble, MD M. D. or other

Address Easton Md Date signed 7/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

06779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(50)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton R.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amanda Bierschwal

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1883

8. AGE: Years 56 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace Jackson R.D. Cape Co. Missouri (Town, county, and state)

10. Usual occupation Maid + governess

11. Industry or business

FATHER 12. Name J. Henry Bierschwal

13. Birthplace Gordonville Miss.

MOTHER 14. Maiden name Dorothea Sander

15. Birthplace Jackson (R.D.) Missouri

16. Informant Mrs. Gardner Hayes

Address Easton, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Washington, D.C.

18. Funeral director James A. Spence

Address Easton, Md

19. 6/3 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 6 45/9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 3 1940, and that I last saw her alive on June 3 1940.

Immediate cause of death Carcinoma (adenoma) of liver & spleen — DURATION 10 mos +

Due to

Due to Primary Carcinoma of l. breast — 12 mos +

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Adenocarcinoma of l. Breast Amputated

Of autopsy Involving liver, spleen & uterus.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack B. Gerber M.D. M. D. or other

Address Easton, Md Date signed 6/3/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06780

(940)

Reg. Dist. No. 294

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Fairbank
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 49

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Fairbank Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Henry Bradshaw

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Lottie Grace Bradshaw
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 27 1890

8. AGE: Years 49 | Months 8 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Fairbank
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Oystering & Fishing

FATHER 12. Name William H. Bradshaw

13. Birthplace Deale Island, Md

MOTHER 14. Maiden name Annie Richardson

15. Birthplace Fairbank Md.

16. Informant L. Grace Bradshaw
Address Fairbank Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 20, 1940 (month) (day) (year)
Cemetery or crematory Church Cemetery
Location Fairbank Md.

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. 6-20-1940 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 6:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940 to June 17 1940, and that I last saw him alive on June 17 1940.

Immediate cause of death Coronary Occlusion — DURATION 10 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address Date signed June 18 1940

1939
74
1865-

Valentine
Standard
No. 1. ~~Natural~~
Initial
Black Valspar

Jet Tones,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06781

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 mo. 6 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Grasonville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Frances Dannah Bryan

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or ~~wife~~ Daniel Carroll Bryan

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11- 1868

8. AGE:

Years	Months	Days	If less than one day
71	9	23	hrs. min.

9. Birthplace Grasonville, Md (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home.

FATHER 12. Name John Wesley Hassett

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary Harris

15. Birthplace Queen Anne Co., Maryland

18. Informant George Prouse

Address Grasonville, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5-1940 (month) (day) (year)

Cemetery or crematory Churchfield

Location Centreville Md

18. Funeral director Baxton Bros

Address Centreville. Md.

19. 6/3 1940 (Date rec'd by registrar) N.H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 1:22 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 28 1940, to June 3 1940, and that I last saw her alive on June 3 1940

Immediate cause of death	DURATION
Cardio Vascular	
Renal Disease	1 yr ?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. S. Cox M.D. M. D. or other

Address Easton Md Date signed 6/3/40

RECEIVED
JUL 6 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-D)

06782

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): Deadon arrival
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: N. C. County:
City or town: Wilmington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: c/o U.S. Coast Guard - Modoc
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

2(a) FULL NAME: Franklin Muir Crady

3. (b) Social Security Number: 218-01-3395

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife: —
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 8-29-1918

8. AGE: Years: 21 Months: 9 Days: 2 If less than one day: hrs. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: U.S.C.G.

11. Industry or business:

FATHER
12. Name: David Franklin Crady
13. Birthplace: Louisville Ky

MOTHER
14. Maiden name: Florene Birmingham
15. Birthplace: Baltimore

16. Informant: Mrs. Norman Marshall
Address: St. Michaels Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/4/40 (month) (day) (year)
Cemetery or crematory: National Cemetery
Location: Baltimore Md

18. Funeral director: J. N. Marshall
Address: St Michaels Md

19. 6/3 1940 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6 — 1 — 1940, at 9:35 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Internal injuries
Due to: probable ruptured viscus (spleen)
Due to: Motorcycle accident - left road - pt. landed on top of guard post on abdomen
~~Other conditions~~
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

DURATION: 45 min.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: 6-1-40
Where did injury occur? (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?): Public Highway
Means of injury: see above Injured at work? no

23. SIGNATURE: Louis J. Welty M.D. Dep Med Ex M. D. or other
Address: Easton Md Date signed: 6-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

06783

Reg. Dist. No. 296

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or institution (yrs., or mos., or days) 35 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Queenstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edna De Jessa

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Anthony De Jessa

6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Aug. 22 - 1902

8. AGE: Years: 37 | Months: 10 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Kent Island - Queen Anne, Co. Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Farm Home

FATHER

12. Name: Samuel Washington Jones

13. Birthplace: Kent Island Md.

MOTHER

14. Maiden name: Hattie J. Needles

15. Birthplace: Delaware

16. Informant: Anthony De Jessa

Address: Queenstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1940 (month) (day) (year)

Cemetery or crematory: Family burying ground

Location: Chester, Md.

18. Funeral director: Easton Bros.

Address: Centreville, Md.

19. 6/29 1940 (Date rec'd by registrar) N. H. Needles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 28 1940, and that I last saw h ed alive on June 28 1940.

	DURATION
Immediate cause of death: Secondary Shock	6-28-40
Due to: 2nd & 3rd degree burns of leg & trunk	5-25-40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 5-25-40

Where did injury occur? Queenstown (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Burned gasoline stove exploded Injured at work? yes

23. SIGNATURE P-E-Cot M. D.

M. D. or other

Address: Easton Md Date signed 6-29-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

06784

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town Rural Near St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Near St. Michaels. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Charles S. Dunham

3. (b) Social Security Number 213-01-8395

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W.	Married.

6 (b) Name of husband or wife Anna Thompson

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) July 28 1894

8. AGE: Years	Months	Days	If less than one day
45	10	24	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Businessman

11. Industry or business Garage Owner.

FATHER
12. Name Chas S Dunham
13. Birthplace Md

MOTHER
14. Maiden name Vennie James
15. Birthplace Md

16. Informant Mason Dunham
Address Easton Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 28, 1940
(month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director James A. Spence
Address Easton Md.

19. June 27 1940 John H. Wevalet
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death: Accidental drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-22-40

Where did injury occur? Talbot Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Miles River

Means of injury Fell from boat Injured at work? No

23. SIGNATURE Louis J. Wretty M.D. Dep Med Ex
M. D. or other

Address Easton Md Date signed 6-22-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

06785

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Emergency Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Easton

Stay in hospital or inst. (yrs., or mos., or days) ____

Stay in this community (yrs., or mos., or days) ____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Greenhawk

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	

6 (b) Name of husband or wife ____

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 12, 1940

8. AGE: Years - Months - Days - If less than one day ____ hrs. ____ min.

9. Birthplace Easton Md Talbot Co.

(Town, county, and state)

10. Usual occupation ____

11. Industry or business

FATHER 12. Name Allen Greenhawk

13. Birthplace Chester Pa.

MOTHER 14. Maiden name Mary Lamin Jump

15. Birthplace Easton - Md. Talbot Co.

16. Informant Emergency Hospital

Address Easton Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 6/13/40 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton Md

18. Funeral director Emergency Hospital

Address Easton

19. 6/13 1940 (Date rec'd by registrar) N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__

Immediate cause of death	Still born	DURATION
Due to	Prolapsed Cord	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other

Address Easton Date signed 6-17-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-A)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

Public 66786

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 39 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town St. Michaels, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mattie Higgins

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widow.

B (b) Name of husband or wife Robert T. Higgins

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1863

8. AGE: Years 77 yrs. | Months 10 | Days 9 | If less than one day hrs. min.

9. Birthplace St. Michaels, Md (Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER 12. Name Wm. J. Fairbank

13. Birthplace St. Michaels Md.

MOTHER 14. Maiden name Rebecca Gardner

15. Birthplace St. Michaels, Md.

18. Informant Mrs. R. Spencer Higgins

Address St. Michaels, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16th 1940 (month) (day) (year)

Cemetery or crematory Christ Cemetery

Location St. Michaels, Md

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. 6/13 1940 N. R. Norris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 10 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to June 13 1940, and that I last saw her alive on June 13 1940.

Immediate cause of death	DURATION
Carcinomatosis : Primary in right	7
Due to Ovary : Duration : Not stated	0
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Mac Palmer M. D. or other

Address Easton Md Date signed 6/14/40

RECEIVED
JUL 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

66787

93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Myma Thomas Johnson

3. (b) Social Security Number 215-16-8896

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Emory Johnson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 64 | Months | Days | If less than one day hrs. min.

9. Birthplace St. Michaels
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Wilson Thomas
13. Birthplace St. Michaels, Md.

MOTHER
14. Maiden name Maliza Ross
15. Birthplace Md

16. Informant Mary B. Cooper

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ St. Michaels

Location Maryland

18. Funeral director J. Norman Marshall

Address St. Michaels, Maryland

19. June 17 1940 (Date rec'd by registrar) John H. Wales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death Chronic Myocarditis

Due to Overwork

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION Dec 1, 1939

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb M.D. M. D. or other

Address June 15/40 Date signed

Easton, Md.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

06788

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe Ward No. 3.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lelia Gertrude Jones

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter Frederick Jones 6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1888

8. AGE: Years 51 | Months 8 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Talbot Co., Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home.

FATHER 12. Name James Wesley Marshall

13. Birthplace Maryland.?

MOTHER 14. Maiden name Henrietta Ball

15. Birthplace Maryland?

16. Informant Mr. James Jones

Address Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26-1940 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Maryland

18. Funeral director [illegible]

Address Easton, Md.

19. 6-25-1940 (Date rec'd by registrar) N. H. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1940 to June 24 1940, and that I last saw h-ed alive on June 24 1940.

	DURATION
Immediate cause of death Cardio Respiratory Failure	1 hour
Due to Rocky Mountain Spotted Fever (Tick Fever)	21 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. Newnam M. D. or other

Address Easton, Md Date signed 7/3/40

VS 413

RECEIVED
JUL 6 1940
BAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06789

(8)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Near Easton, Md. No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

"Outside"

2. FULL NAME Stillborn Kellum If U. S. Veteran, specify WAR .....

(a) Residence: No. Easton, Md. St., ... Ward. 12 #4 Waverly Farm

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 15, 1940

7. AGE Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Kellum

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mamie Warrick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Henry Kellum Easton Md. R D #1

18. BURIAL, CREMATION, OR REMOVAL Place Newtown Md Date 6/16, 1940

19. UNDERTAKER (Address) Henry Kellum Easton Md R D #4

20. FILED 6/15, 1940 N. H. Neeris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1940, to June 15, 1940

I last saw him ~~alive on~~ dead June 15, 1940; death is said to have occurred on the date stated above, at 1 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Still born

Date of onset

Other Contributory Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Hayward L. Webb M. D.

(Address) Easton, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

JUL 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06790

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 214 Port St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Oxford Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mills

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1940

8. AGE: Years | Months | Days | If less than one day: 9 hrs. min.

9. Birthplace Easton, Talbot Co., Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name Wm. A. Blackwell

13. Birthplace Talbot Co Md.

MOTHER — 14. Maiden name Margaret Mills

15. Birthplace Talbot Co. Md.

16. Informant Ida Harris

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/10/40 (month) (day) (year)

Cemetery or crematory Oxford

Location Oxford

18. Funeral director Arthur Mills

Address Oxford, Md.

19. 6/10 (Date rec'd by registrar) 1940 N. H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Premature (7 months)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Nevius Local Reg. M. D. or other

Address Easton Date signed 6/10/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-2)

Reg. Dist. No. 290

06791

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Talbot

(b) City or town Easton

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Caroline

(c) City or town Federalsburg

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Baby Moreau (male)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. ✓

6 (b) Name of husband or wife ✓

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 26th 1940

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Easton, Talbot Co. Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Thomas Moreau

13. Birthplace Hurlock - Md

MOTHER

14. Maiden Name Kathleen Conley

15. Birthplace Federalsburg - Md

16 (a) Informant Thomas Moreau

(b) Address Federalsburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2nd 1940 (month) (day) (year)

(c) Cemetery or crematory Hill-Crest Cemetery

Location Federalsburg, Md.

18 (a) Funeral director G. G. Trawlltown & Son

(b) Address Federalsburg, Md

19 (a) 6/1/40 (Date rec'd by registrar) (b) M. H. Nedrie Registrar

MEDICAL CERTIFICATION

20. Date of death June 1 1940, at 4 20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 1 1940, and that I last saw him alive on June 1 1940.

Immediate cause of death Congential Heart	Duration
Due to	
Due to	
Other conditions Enlarged Thymus (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank M. Anderson M.D. M. D. or other

Address Federalsburg, Md Date signed 6/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (101)

CERTIFICATE OF DEATH

Palmer

06792

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 Mo. 15 das.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (d) FULL NAME: Marvin Fredrick Nixon

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 30, 1937

8. AGE: Years: 3 | Months: 2 | Days: 17 | If less than one day: hrs. min.

9. Birthplace: Easton Md
(Town, county, and state)

10. Usual occupation: —

11. Industry or business:

FATHER
12. Name: Edward Carmish
13. Birthplace: Cambridge, Md.

MOTHER
14. Maiden name: Ruth Nixon
15. Birthplace: Trappe, Md.

16. Informant: Lillie Nixon
Address: Easton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof June 18, 1940 (month) (day) (year)
Cemetery or crematory: Trappe
Location: Trappe, Md.

18. Funeral director: Thomas A Spence
Address: Easton Md

19. 6/18/40 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1940, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apl. 23 1940 to June 17 1940, and that I last saw him alive on June 17 1940.

	DURATION
Immediate cause of death: Air embolus	45 Min.
Due to: Cervical adenitis	Since Apr.
Other conditions: Mastoiditis Chr. Rt.	

Major findings: (include pregnancy within 3 months of death)
Of operations: Cervical adenectomy
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. H. Palmer M. D. or other
Address: Easton Md Date signed 6/19/40

RECEIVED
JUL 6 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Dr Webb.

06793

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution West St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 215 West St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lewis Potter

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14 1876

8. AGE: Years 64 Months 2 Days 30 (28) If less than one day hrs. min.

9. Birthplace Talbot Co., Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Gardner

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden name "
15. Birthplace "

16. Informant Pearl Bidgell
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14, 1940 (month) (day) (year)

Cemetery or crematory Richards Cemetery
Location Easton Maryland

18. Funeral director John D Williams
Address Easton Md

19. 6/14 1940 N. H. Jarvis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to June 12 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death	DURATION
Gangrene	6 weeks
Due to Diabetes	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard J. Webb M.D.
M. D. or other
Address Easton, Md Date signed 6/13/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06794

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot.
City or town Rural Rfd Easton.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot.
City or town Rural Rfd Easton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Primrose

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C.	Not Known

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known.

8. AGE: Years	Months	Days	If less than one day
Aprox. 55			hrs. min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Not Known
13. Birthplace
MOTHER 14. Maiden name
15. Birthplace
16. Informant Frank Frost
Address Easton Rfd
17. Burial. Date thereof June 14, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Richards
Location Easton. Md.
18. Funeral director James A Bruce
Address Easton Md
19. 6/13 1940 H. H. Harris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at Unknown M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 10 1940, and that I last saw h-m alive on June 10 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	several yrs.
Due to " "	
Due to no	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. McC. Stevens M. D.
M. D. or other
Address Easton Md Date signed June 13-40

RECEIVED
JUL 6 1940
MINERALS V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-9)

06795

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lizzie Ricketts

3. (b) Social Security Number None

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced Widowed

8 (b) Name of husband or wife Frank Ricketts

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1873

8. AGE: Years 66 Months 9 Days 14 If less than one day hrs. min.

9. Birthplace Dorchester, Co.
(Town, county, and state)

10. Usual occupation H. W. Own Home

11. Industry or business " "

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Isabel Taylor
15. Birthplace Unknown

18. Informant Madaline Nichols
Address Federalsburg, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 6, 1940
(month) (day) (year)

Cemetery or crematory Federalsburg, Md.

Location Federalsburg, Md.

18. Funeral director J. V. Frampton Son.
Address Federalsburg Md.

19. 6/5 1940 N. H. Neires
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 30 1940, to June 4 1940, and that I last saw her alive on June 4 1940.

Immediate cause of death

DURATION

Due to Aortic insufficiency Decompensation (Complete) 1 year?

Due to

Other conditions Syphilis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack B. Bertschi D.
M. D. or other

Address Easton Date signed 6/6/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39-e)

CERTIFICATE OF DEATH

06796

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Rural Near Royal Oak.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Outside

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Near Royal Oak Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Paul Alfred Rose

3. (b) Social Security Number 57-050-740

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Margaret McMurry Rose

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1872

8. AGE: Years	Months	Days	If less than one day
67	6	19	hrs. min.

9. Birthplace Chamberg Tenn.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Stoves & tinware

FATHER 12. Name Henry C. Rose

13. Birthplace Tenn.

MOTHER 14. Maiden name Georgie Pattison

15. Birthplace Tenn.

16. Informant Mrs. P.A. Rose.

Address Easton. Md.

17. Burial. Date thereof July 2, 1940
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton. Md.

18. Funeral director James A. Dunn

Address Easton. Md.

19. 7/2 1940 N.H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 17 1940 to June 30 1940

and that I last saw h-- alive on June 30 1940

Immediate cause of death	DURATION
Rocky Mountain Spotted Fever	13
Due to Tick bite	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Tick bite

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. C. Stevens M D
M. D. or other

Address Easton Md. Date signed 7-1-40

RECEIVED
JUL 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

06797

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Trappe, rural,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Trappe, rural, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Unnamed Saulsbury

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2d. 1940

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day ✓ hrs. min.

9. Birthplace Trappe rural, Talbot Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Walter Yearsley Saulsbury
13. Birthplace Trappe rural, Md.

MOTHER
14. Maiden name Madeline Elizabeth Murray
15. Birthplace Andersontown Caroline Co. Md

16. Informant Mrs. W. Y. Saulsbury
Address Trappe, Md

17. Burial Date thereof June 2d 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

~~Cemetery or crematory~~

Location Premises of Saulsbury

18. ~~Funeral director~~ W. Y. Saulsbury
Address Trappe Md

19. June 2d 1940 Josy LaRoss
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2d 1940, at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2d 1940, to June 2d 1940, and that I last saw him alive on June 2d 1940.

Immediate cause of death

Due to Still birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Josy LaRoss Md
M. D. or other

Address Trappe Md Date signed 6/2/40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

06798

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Easton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary W. Oak

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Joseph B. Oak

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30th 1862

8. AGE:

Years	Months	Days	If less than one day
77	9	19	hrs. min.

9. Birthplace Virginia (town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Rev. Albert Walker

13. Birthplace South C.

MOTHER 14. Maiden name Mary Eliza Barnes

15. Birthplace China

16. Informant Miss Walker

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 21 1940 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Md

18. Funeral director James A Spence

Address Easton, Md.

19. 6/21 1940 (Date rec'd by registrar) N. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940, at 6 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-12 1940 to 6-19 1940

and that I last saw her alive on 6-18 1940

Immediate cause of death	DURATION
Uremia	
Due to Nephrosclerosis	
Due to Malignant Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker MD M. D. or other

Address Easton Date signed 6-20-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

06799

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Elizabeth G. Stapler

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Thomas W. Stapler

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29th 1844

8. AGE: Years	Months	Days	If less than one day
96	3	9	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Robert G. Hopkins

13. Birthplace Md

MOTHER 14. Maiden name Hattie A. Atkinson

15. Birthplace Md

16. Informant Wilson Tyler

Address Easton. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 6, 1940 (month) (day) (year)

Cemetery or crematory Friends Fair Hill Burial Ground

Location Germantown Ave & Cambria St. Phila. Pa

18. Funeral director Jamed A. Spencer

Address Easton Md

19. 6/7 1940 N.S. Meeres

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1931 1940, to June 3 1940, and that I last saw her alive on June 3 1940.

Immediate cause of death	DURATION
Endarteritis obliterans	3 days
Due to Arterio-sclerosis	10 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide V Date of

Where did injury occur? V (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) V

Means of injury V Injured at work?

23. SIGNATURE Wellborn T. Hammond M. D. or other

Address Easton Md Date signed 6-4-40

RECEIVED
JUL 6 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06800

Reg. Dist. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Mc Daniel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Same.
City or town: Marion Station, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret Turpin

3. (b) Social Security Number: 212-16-1953

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife: James H. Turpin
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 10, 1883

8. AGE: Years	Months	Days	If less than one day
57	3	19	hrs. min.

9. Birthplace: Marion Station, Marion, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William Cottman
13. Birthplace: Marion Station, Marion, Md.

MOTHER
14. Maiden name: Nancy Whitman
15. Birthplace: Princess Anne, Md.

18. Informant: Samuel L. Turpin
Address: Marion Station, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3 1940 (month) (day) (year)
Cemetery or crematory:
Location: Marion Station, Md.
18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland

19. July 1 1940 (Date rec'd by registrar) Anna Carey Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 29, 1940, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29, 1940 to June 29, 1940, and that I last saw her alive on June 29, 1940

Immediate cause of death	DURATION
Acute Cardiac Thrombosis	Hours
Due to: Chr. Rheumatoid Arthritis	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)
Major findings: None
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: T. B. Lewis, M.D. (M.D. or other)
Address: St. Michaels, Md. Date signed: 7.1.40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

06801

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 401 Goldsborough St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 401 Goldsborough St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Rastall Walker

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Widower

6 (b) Name of husband or wife Caroline Burnite

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1870

8. AGE:

Years	Months	Days	If less than one day
70	3	13	____ hrs. ____ min.

8. Birthplace Easton, Talbot Co., Md
(Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Robert F. Walker
13. Birthplace East New Market-Dorchester Md.

MOTHER
14. Maiden name Mary F. Edgell
15. Birthplace Bethlehem Caroline Co., Md.

16. Informant Mrs Nora Shure
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 5 1940 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md

18. Funeral director Maurice E. Newnam & Son
Address Easton, Md

19. 6/4 1940 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3d 1940, at 9:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20th 1936, to June 3d 1940, and that I last saw him alive on June 3d 1940

Immediate cause of death Gangrene of the foot

Due to Diabetes and General Arterio-Sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION
9 mo.
8 yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE William S. Seymour M. D. or other

Address Easton Md. Date signed June 4/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

06802

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:

County Talbot

City or town Near Trappe

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Near Trappe Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Young

3. (b) Social Security Number

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-22d, 1940

8. AGE: Years | Months | Days 12 | If less than one day hrs. min.

9. Birthplace Near Trappe, Md.

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Lewis Young

13. Birthplace Md

MOTHER

14. Maiden name Euphronia Hazelton

15. Birthplace Baltimore Md.

16. Informant Euphronia Young

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4 1940 (month) (day) (year)

Cemetery or crematory Trappe Cemetery

Location Near Trappe

18. Funeral director Lewis H Baynor

Address Cambridge Md

19. June 4 1940 (Date rec'd by registrar) Jonathan Ross Deed Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3d 1940, at 11.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22d 1940, to May 23d 1940, and that I last saw him alive on May 23d 1940.

Immediate cause of death Malnutrition

DURATION 10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm. S. Seymour Md M. D. or other

Address Trappe Date signed June 4/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 6 1940
BUREAU V. S.